

Form IT-40 PNR 2003 Indiana Part-Year or Full-Year Nonresident Individual

Due April 15, 2004

Your Social Security Number Social Socurity Number Social Socurity Number Social Security Number Securit	r period from:		to:	<u> </u>		
Your first name Initial Last name Last name	er period from.	<u> </u>		Check the box if yo	ou are	
If filing a joint return, spouse's first name Initial Last n				married filing sepa		
Fresent address (number and street or rural route) (If you have a P.O. box, see page 5) Present address (number and street or rural route) (If you have a P.O. box, see page 5) City				-		
Present address (number and street or rural route) (If you have a P.O. box, see page 5) City						
Present address (number and street or rural route) (If you have a P.O. box, see page 5) City						
Enter the 2-digit county code numbers (found on page 7 in the instruction book for the county where you lived and worked on January 1, 2003. County where						
Enter the 2-digit county code numbers (found on page 7 in the instruction book for the county where you lived and worked on January 1, 2003. Part			hool D		$\overline{}$	
Enter the 2-digit county code numbers (found on page 7 in the instruction book for the county where you lived and worked on January 1, 2003. Part		Nu N	mber (see page 38)		
Enter the 2-digit county code numbers (found on page 7 in the instruction book for the county where you lived and worked on January 1, 2003. P	4	Foi	reign C	Country (if applicable)		
for the county where you lived and worked on January 1, 2003. Taxpayer		0				
2. Indiana Deductions: Enter the amount from line 20, Schedule D (attach 3. Indiana Adjusted Gross Income: Line 1 minus line 2	ere B of Section 3	p	olease oracket Please r vhole d	nave a loss (or negal indicate so by plactic. Example: (1.00 round all entries to rollar (see instruction	cing it in a	
3. Indiana Adjusted Gross Income: Line 1 minus line 2 4. Number of exemptions claimed on your federal return x \$1,000 5. Additional exemption for certain dependent children (see instructions on Enter number claimed in box x \$1,500 6. Check box(es) below for additional exemptions if, by December 31, 2003 You were: 65 or older or blind Spouse was: 65 or older or Number of boxes checked x \$1,000 7. Check box(es) below for additional exemptions if, by December 31, 2003 You were: 65 or older and line 37A from Indiana Schedule A is less Spouse was: 65 or older and line 37A from Indiana Schedule A is less Spouse was: 65 or older and line 37A from Indiana Schedule A is less Spouse was: 65 or older and line 37A from Indiana Schedule A is less Spouse was: 65 or older and line 37A from Indiana Schedule A is less Spouse was: 65 or older and line 37A from Indiana Schedule A is less Spouse was: 65 or older and line 37A from Indiana Schedule A is less Spouse was: 65 or older and line 37A from Indiana Schedule A is less Spouse was: 65 or older and line 37A from Indiana Schedule A is less Spouse was: 65 or older and line 37A from Indiana Schedule A is less Spouse was: 65 or older and line 37A from Indiana Schedule A is less schedule A, Section 1 (you must attach Schedule A) 10. Multiply line 8 by the number on line 9			1			
4. Number of exemptions claimed on your federal return x \$1,005 5. Additional exemption for certain dependent children (see instructions on Enter number claimed in box x \$1,500	•		3			
5. Additional exemption for certain dependent children (see Instructions on Enter number claimed in box			4		00	
Enter number claimed in box			Ţ,			
6. Check box(es) below for additional exemptions if, by December 31, 2003 You were: 65 or older or blind Spouse was: 65 or older or Number of boxes checked x\$1,000			5		00	
You were: 65 or older or blind Spouse was: 65 or older or Number of boxes checked x \$1,000						
7. Check box(es) below for additional exemptions if, by December 31, 2003 You were:	r blind 🔲 .					
You were:			6		00	
8. Add Lines 4, 5, 6 and 7	ess than \$40,0 ess than \$40,0	000.	7		00	
Schedule A, Section 1 (you must attach Schedule A) 10. Multiply line 8 by the number on line 9			8		00	
10. Multiply line 8 by the number on line 9 11. Line 3 minus line 10 (if less than zero, leave blank) 12. State Adjusted Gross Income Tax: Multiply line 11 by 3.4% (.034)	m of Indiana					
11. Line 3 minus line 10 (if less than zero, leave blank)			9	•		
12. State Adjusted Gross Income Tax: Multiply line 11 by 3.4% (.034)			10			
13. County Income Tax: See if you need to complete Schedule CT-40PNR (14. Use Tax due on out-of-state purchases						
14. Use Tax due on out-of-state purchases 15. Household Employment Taxes: Attach Schedule IN-H 16. Indiana advance earned income payments from W-2(s) (see page 24) 17. Add lines 12 through 16. Enter here and on line 26 on the back 18. Indiana State Tax Withheld: Don't include any withholding amounts for or taxes. Attach W-2s, WH-18s, or 1099s 19. Indiana County Tax Withheld: Don't include other local taxes. Attach Wor 1099s 20. 2003 Estimated Tax Paid: Include any extension payments made on For 21. Unified Tax Credit for the Elderly (You must be age 65 or older and an Infor at least 6 months to qualify. See instructions on page 25)			12			
 Household Employment Taxes: Attach Schedule IN-H			14			
 Indiana advance earned income payments from W-2(s) (see page 24) Add lines 12 through 16. Enter here and on line 26 on the back			15			
 Add lines 12 through 16. Enter here and on line 26 on the back			16			
 Indiana State Tax Withheld: Don't include any withholding amounts for o taxes. Attach W-2s, WH-18s, or 1099s Indiana County Tax Withheld: Don't include other local taxes. Attach Wor 1099s 20. 2003 Estimated Tax Paid: Include any extension payments made on For 21. Unified Tax Credit for the Elderly (You must be age 65 or older and an Infor at least 6 months to qualify. See instructions on page 25) Earned Income Credit: Attach Schedule IN-EIC Lake County residential income tax credit Indiana Credits: Enter the amount from Schedule E, line 12 (attach schedule Schedule E) 			17			
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or 1099s 20. 2003 Estimated Tax Paid: Include any extension payments made on For 21. Unified Tax Credit for the Elderly (You must be age 65 or older and an Infor at least 6 months to qualify. See instructions on page 25)			18			
 20. 2003 Estimated Tax Paid: Include any extension payments made on For 21. Unified Tax Credit for the Elderly (You must be age 65 or older and an Infor at least 6 months to qualify. See instructions on page 25) 22. Earned Income Credit: Attach Schedule IN-EIC 23. Lake County residential income tax credit 24. Indiana Credits: Enter the amount from Schedule E, line 12 (attach schedule) 	/-2s, WH-18s,	,				
21. Unified Tax Credit for the Elderly (You must be age 65 or older and an Infor at least 6 months to qualify. See instructions on page 25)			19 20			
for at least 6 months to qualify. See instructions on page 25)	20. 2003 Estimated Tax Paid: Include any extension payments made on Form IT-9					
22. Earned Income Credit: Attach Schedule IN-EIC	· · · · · · · · · · · · · · · · · · ·					
23. Lake County residential income tax credit			21			
24. Indiana Credits: Enter the amount from Schedule E, line 12 (attach sche			23			
)			24			
	•	_	25			
AA BB CC DD	_			Turn the page		

	Enter the Total Tax from line 17 on the front of this form	26					
	Enter the Total Credits from line 25 on the front of this form	27					
28.	If line 27 is more than line 26, subtract line 26 from line 27 (if smaller, skip to line 35)	28					
29.	Amount of line 28 to be donated to the Indiana Nongame Wildlife Fund	29					
30.	Subtract line 29 from line 28	30					
31.	Amount to be applied to your 2004 estimated tax account (see instructions)	31					
32.	Penalty for Underpayment of Estimated Tax for 2003. Attach Sch. IT-2210 or IT-2210A	32					
33.	Line 30 minus lines 31 and 32 (if less than zero, see instructions)	33					
	Direct 34a. Routing Number	16					
	Deposit b. Account Number	If you want to DIRECT DEPOSIT					
NEV	Honoier Hannier	see instructions					
	Works MC ^{c.} Type of Account Checking Savings Hoosier Works MC	on page 34.					
35.	If line 26 is more than line 27, subtract line 27 from line 26. Add this to any amounts						
	from lines 31 and 32, and enter total here (see instructions on page 35) SuвтотаL	35					
	Penalty (if filed after the due date, see instructions on page 35)	36					
	Interest (if filed after the due date, see instructions on page 35)	37					
	Amount Due: Add lines 35, 36 and 37	38					
	 No payment is due if you owe less than \$1.00. Do Not Send Cash. Make your check or money order payal to: Indiana Department of Revenue. Credit Card payers must see page 35 for details. 	ble					
1	Taxpayer Information (see page 35) Spouse's Information						
Τ•	FF: Were your of till year recident of	another state?					
	If so, enter the 2 letter name for that state.						
U•							
	If so, enter the 2 letter name for that state. Enter the time period you lived in Indiana during 2003. If so, enter the 2 letter name for the 3 letter name for the 4 letter n						
•	<u> </u>						
W	From: m m d d 2003 To: m m d d 2003 X Enter the time period you lived in the other state. From: m m d d d 2003 X Enter the time period you lived in the other state.	m m d d 2003 HF					
Υ	From: m m d d 2003 To: m m d d 2003 Z From: m m m d d 2003	To: m m d d 2003 JJ					
_	1114 - 1 /// Tarana Obada ba 'San Clad Galand Obada ba O - O F7 (- 2000 D						
_		ridual listed at the top of the IT-40PNR g 2003, enter date of death below.					
	• If two-thirds of your gross income was made from farming or fishing, please check here.						
	Important: If you checked the box, you <u>must</u> attach Schedule IT-2210 or IT-2210A. Spouse's	date					
	Are you filing a federal income tax return for 2003? Yes No No	QQ m m d d 2003					
00	Authorization Under penalty of periury I have examined this return and all attachments and to the best of my knowledge a	and halief it is true, complete and					
	Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under						
	this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Depart						
	to furnish my financial institution with my routing number, account number, account type, and social securit properly deposited. I give permission to the Department to contact the Social Security Administration in or						
DD	number(s) used on this return are correct.	Daytime Telephone Number					
IKK [I authorize the Department to discuss my return with my tax preparer. Yes No Your Signature						
	Spou	ise's Daytime Telephone Number					
	₽						
	Spouse's Signature Date E-mail address wher	e we can reach you					
	ZV ZV	5 115 5a.1. 15a511 you					
ΙĪ	Paid Preparer's name UU Federal I.D. Number, PTIN 0	R Social Security Number					
	ww vv Till Till Till Till Till Till Till Ti						
	Address	E Telephone Number					
	XX	Totophone (vullipe)					
	City ZY ZY						
	YY Preparer's Signatur	re Date					
	State Zip Code + 4 ZZ ZX						
4		I I					

Attach to IT-40PNR State Form 48719 Schedule A

Section 1: Income or Loss, Proration Section

(Complete Section 2 Adjustments and Section 3 totals on back)

Attachment Sequence No. 01

Seation 4. Images		Security A Number
or (Loss) income tax return, For forward; see instruction bracket. Example:	rm 1040, 1040A or 1040EZ (exc ons). If you have a loss (or neg	me or loss you reported on your 2003 federal cept for line 19 and/or a net operating loss carrative entry), please Indicate so by placing it in
Line-by-line instructions begin on page 9	Column A	Column B
	Income from Federal Retui	rn Income Taxed by Indiana
1. Your wages, salaries, tips, commissions, etc .	1A	1B
2. Spouse's wages, salaries, tips, commissions,		
etc	2A	2B
3. Taxable interest income	3A	3B
1. Dividend income	4A	4B
5. Taxable refunds, credits, or offsets of state		
and local taxes from your federal return	5A	5B
6. Alimony received	6A	6B
7. Business income or loss from federal		
Schedule C or C-EZ	7A	7B
8. Capital gain or loss from sale or exchange		
of property from your federal return	8A	8B
9. Other gains or (losses) from Form 4797	9A	9B
0. Total IRA distribution	10A	10B
Total pensions and annuities	11A	11B
2. Net rent or royalty income or loss reported on		
federal Schedule E	12A	12B
3. Income or loss from partnerships	13A	13B
4. Income or loss from trusts and estates	14A	14B
5. Income or loss from S corporations	15A	15B
6. Farm income or loss from federal Schedule F	16A	16B
7. Unemployment compensation	17A	17B
8. Taxable social security benefits	18A	18B
9. Indiana apportioned income from attached		
Schedule IT-40PNRA	19A	198
0. Other income reported on your federal return	20A	20B
List source(s). (Do not include federal net open	ating loss.) (See instructions on	page 11.)
21. Subtotal: add lines 1 through 20. Enter		
result here and on line 22 at the top of the back of this schedule	21A	21B
Note: Make sure to complete the 'Proration Sec	tion' below before continuing	on to the back page.
Proration Section Divide the amount of		
line 21A and/or 21B are less than zero). Plea	-	-
Example: $$3,100 \div $8,000 = .37625$, which re result here and on line 9 on the front page of		

22. Enter amounts from line 21 on the previous

Line-by-line instructions

begin on page 12.

Section 2: Adjustments; Section 3: Totals

(Complete the other side first)

Column A

Income from Federal Return

Attachment Sequence No. **02**

Column B

Income Taxed by Indiana

Section 1: Income or (loss) cont'd from front page

If you have a loss (or negative entry), please Indicate so by placing it in a bracket. Example: (1.00)

page	22A	22B		
23 Tax add-back: if entries are on lines				
7,12,13,14,15, &/or 16 see instructions on				
page 12	23A	23B		
24. Lump sum distribution taxed on federal				
Form 4972	24A	24B		
Total Income or Loss -				
25. Add lines 22 through 24	25A	25B		
			,	
	e: Enter in Column A only threturn, Form 1040 or 1040A.			
adjı	ustments to income.)			
Line-by-line instructions begin on page 12.	Column Federal Adju	Column B Indiana Adjustments		
26. Educator expense	26A	26B		
27. IRA deduction	07.4	27B		
28. Student loan interest deduction	28A	28B		
29. Moving expenses (see instructions				
on page 12)	29A	29B		
30. One-half of self-employment tax				
deduction	30A	30B		
31. Self-employed health insurance				
deduction	31A	31B		
32. Keogh and self-employed SEP				
and SIMPLE plans	32A	32B		
33. Penalty on early withdrawal of				
savings	33A	33B		
34. Alimony paid		34B		
35. Other (see instructions on page 13)				
se. euler (eee meu deaene en page 10)	35A	35B		
Total Adjustments -				
36. Add lines 26 through 35	36A	36B		
	••••			
Section 3: Totals	Column Federal Adjusted	Colur Income Taxo	nn B ed by Indiana	
37A. Subtract line 36A from line 25A	37A			
38B. Subtract line 36B from line 25B. Enter				

Schedules D & E Form IT-40PNR

Schedule D: Indiana Deductions

(Schedule E begins after line 20 below)

Attachment Sequence No. **03**

State Form 48722 8-03

Enter your first name, middle initial and last name and spouse's full name if filing a joint return

Your Social A Security Number

1.	Renter's deduction: Address where rented if different from the one on the front page	Inst	ructions begin on page 1	13.
	B Landlord's name and address	Please	Instructions begin on page 13. Please round all entries to nearest whole dollar (see instructions, pg 6 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	est
	C Amount of rent paid \$ D			
	Number of months rented E Enter the lesser of \$2,500 or amount of rent paid	1		
2.	Residential Homeowner's Property Tax deduction: Address where property tax was paid if			
	different from front page _ F			
	Number of months lived there G Amount of property tax paid \$ H			
	Enter the lesser of \$2,500 or the actual amount of property tax paid	2		
3.	State tax refund reported on federal return and on Indiana Sch. A, Section 1, line 5B	3		
	Interest on U.S. Government Obligations (see page 14)	4		
	Taxable Social Security benefits (see page 15)	5		
	Taxable Railroad Retirement benefits (see page15)	6		
	Military Service deduction: \$2,000 maximum for qualifying individual (see page 15)	7		
	Non-Indiana Locality Earnings deduction:\$2,000 maximum per qualifying person(see page 15)	8		
	Insulation deduction: \$1,000 maximum: Attach verification (see page 15)	9	1	
	Disability Retirement deduction: \$5,200 maximum per qualifying person (see page 16)			
	Attach Schedule IT-2440	10		
11	Civil Service Annuity deduction: \$2,000 maximum per qualifying person (see page 16)	11		
	Nontaxable portion of Unemployment Compensation (see page 17)	12		
	Indiana Lottery Winnings (see page 17)	13		
	Indiana Net Operating Loss deduction: Attach Schedule IT-40NOL (see page 17)	14		
	Enterprise Zone Employee deduction: Attach Schedule IT-40QEC (see page 17)	15		
	Recovery of deductions (see page 18)	16		
	Human Services deduction (see page 18)	17		
	Indiana partnership long term care insurance policy premiums deduction (see page 18)	18		
	Other deductions: List source(s) and amounts (see page 18)	19	1	
	Add lines 1 through 19, enter total on line 2 of Form IT-40PNR	20		
	Schedule E: Indiana Credits			
	Ochedale E. malana oreans			
1.	Credit for Local Taxes Paid Outside Indiana (see page 27)	1		
2.	County Credit for the Elderly: Attach federal Schedule R (see page 28)	2		
3.	Other Local Credits: List source(s) and amounts (see page 28)		1	
	Important: Lines 1 plus 2 & 3 cannot be greater than the county tax due on IT-40PNR line 13.	3		
4.	College Credit: Attach Schedule CC-40 (see page 29)	4		
5.	Credit for Taxes Paid to Other States: Attach other state's return (see page 29)	5		
6.	Research Expense Credit: Attach Form IT-20REC (see page 30)	6		
7.	Neighborhood Assistance Credit: Attach Schedule NC-20 (see page 30)	7		
8.	Enterprise Zone Credits (attach appropriate schedule: see page 30)	8		
9.	Teacher Summer Employment Credit: Attach Schedule TSE (see page 31)	9		
10.	Twenty-First Century Scholars Program Credit (see page 31)	10		
11.	Other Credits: List source(s) and amounts (see page 31)			
	Important: Lines 4 through 11 added together cannot be greater than the state adjusted			
	gross income tax due on IT-40PNR line 12 (see Limitation on page 32)	11		
12.	Add lines 1 through 11 and enter total on line 24 of Form IT-40PNR Total Credits	12		

Schedule CT-40PNR Form IT-40 PNR, State Form 47906 8-03

County Tax Schedule for Part-Year and Full-Year Indiana Nonresidents

ents Sequence No. 04

Attachment

■ See instructions on page 20
■

	nter your first name, middle initial and last name and spouse's full name if it	iling a j	A Security Num	ber _		
_						
Р	ECTION 1: To be completed if you were a resident of an Indiana			_		
			e's county of residence as 2-digit county code # from			
1.	Enter the amount from IT-40PNR, line 11. Note: If both you and	d				
	your spouse lived in the same county on January 1, enter the entire amount from Form IT-40PNR, line 11 on Line 1A only.		Column A - Yours		Column B - Spouse's	>
	See instructions beginning on page 21	1A		1B		
2.	If you claimed a non-Indiana locality earnings deduction on Schedule D, line 8, enter the amount here. If not, leave blank	2A		2B		
3	Add lines 1 and 2	3A		3B		
	Enter the resident rate from the county tax chart on page 23					
	for the county code number shown above	4A		4B		
5	Multiply line 3 by the rate on line 4 (if less than zero, enter zero)	5A		5B		
	Add lines 5A and 5B. Enter the total here. Note: Perry County Res		: If you live in Perry			
	County and worked in the Kentucky counties of Breckinridge, Hanco	ck or N	leade, you must			
7	complete lines 7 and 8. Otherwise, enter the total here and on line 5. Enter the amount of income that was taxed by any of the Kentucky			6		
۲.	above			7		
8.	Multiply line 7 by .005 and enter total here		8			
9.	Line 6 minus line 8. Enter the total here and on line 13 of Form IT	-40PN	IR	9		
Q Y Ja	ECTION 2: To be completed if, on January 1, 2003, you were an had not adopted a county income tax, but worked in our Indiana county of principal employment as of anuary 1, 2003. (Enter 2-digit county code # from the chart on page 23.)	an In S Spo as o		opte incip	d a county income tax	
1.	Enter your principal employment income by entering the total income from your W-2s, net self-employment income (from Feder Schedule C or C-EZ) and/or farm income (from Federal Schedule F). If you worked two or more jobs at the same time, enter the portion you earned from your main job. See page 22 for further instructions		Column A - Yours	1B	Column B - Spouse's	5
2	Enter certain deductions to income. See page 22 for the					
	complete list of allowable deductions and further instructions .	2A		2B		
3.	Subtract line 2 from line 1	ЗА		3B		
4	Enter some or all of the exemptions from line 10 of					
	Form IT-40PNR (see instructions on page 22)	4A		4B		
_	Cubing at line 4 from line 2	5A		5B		
5. 6.	Subtract line 4 from line 3 Enter the nonresident rate from the county tax rate chart					
	on page 23 for the county number shown above under the Section 2 heading	6A		6B		
7.	Multiply the income on line 5 by the rate on line 6	7A		7B		
	(if less than zero, enter zero)	173		10		
8.	Enter total of 7A plus 7B. Add to any Section 1, line 9 amount, and carry	y to line	e 13 of Form IT-40PNR.	. 8		